

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9		2				
10						
11						
12						
13						
14						
15						
16		2				
17						
18						
19		1				
20		2				
21						
22		1				
23		1				
24	1					
25		1				
26		1				
27	1					
28		1				
29		1				
30		1				
31		2				
32		2				
33		2				
34		2				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41	1					
42		1				
43	3					
44		1				
45		1				
46		1				
47						
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						